

**State of Nevada
Department of Education
Office of Teacher Licensing
Verification of Teaching Experience**

Northern Nevada Office
700 E. Fifth Street, Suite 105
Carson City, NV 89701-5096
Phone: (775) 687-9115

Southern Nevada Office
9890 S. Maryland Pkwy, Suite 221
Las Vegas, NV 89183
Phone: (702) 486-6458

Applicant Instruction: Do not write in the **Employer's Use Only section** of this form. Please submit this form to your former employer and ask that person to mail the completed, signed form to the appropriate office listed above.

_____ Last Name	_____ First Name	_____ Former Name	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Social Security #	_____ Date of Birth	_____ Contact #	

Employers Use Only: Please fill out the following information and mail this to the appropriate office listed at the top of the form. **We will not accept faxed copies of this form.**

The teacher applicant listed above is requesting that you provide our office with verification of his/her teaching experience within your school or district.

Because we can utilize this information for various reasons, we request that the experience be consistent with all the following requirements:

- ✓ The applicant held a bachelor's degree from a regionally accredited college or university during the time the teaching experience occurred; **and**
- ✓ The applicant's experience was full time (a minimum of 5 class periods per day/180 days per year); **and**
- ✓ The applicant during his/her tenure in your school district held a valid teaching license and/or certificate; **and**
- ✓ Teaching experience took place in a school licensed by the state or accredited by a national accrediting association for private schools.
- ✓ Substitute teaching or teacher's aide experience should not be considered when verifying teaching experience.

_____ Subject	_____ Grade Level	_____ Name of School	_____ From (MM/YY) To (MM/YY)	_____ % of Time FTE	
_____ Subject	_____ Grade Level	_____ Name of School	_____ From (MM/YY) To (MM/YY)	_____ % of Time FTE	
_____ Name of School District or State Approved Private School			_____ Address	_____ City	_____ State
_____ Printed Name Title Phone Number					
_____ Signature		_____ Date		_____ Total # of Years Verified	